

03630.000178.1



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of	:	
	:	Prior Examiner: Mark E. Wallerson
TIMOTHY L. KOHLER, et al.)	
	:	Prior Group Art Unit: 2622
Application No.: 10/763,214)	
	:	
Filed: January 26, 2004)	
	:	
For: CAPABILITY)	
NEGOTIATION BETWEEN	:	
PRINTER AND TARGET)	
DEVICE	:	May 3, 2004

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL PRELIMINARY AMENDMENT

Sir:

In supplement to the Preliminary Amendment dated January 23, 2004 and prior to examination of the above-identified continuation application, please further amend the application as follows.



In re Application of:

TIMOTHY L. KOHLER, et al.

Application No.: 10/763,214

Filed: January 26, 2004

For: CAPABILITY NEGOTIATION BETWEEN
PRINTER AND TARGET DEVICE

Docket No. 03630.000178.1

Examiner: Mark E. Wallerson

Group Art Unit: 2622

Date: May 3, 2004

Mail Stop Amendment
THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Supplemental Preliminary Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 71	MINUS	** 71	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 4	MINUS	*** 4	= 0	x \$43 \$86	0
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants

Registration No. 39,000

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